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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0020

This file contains the following documents in the order listed:

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MO - Submission Package - MO2024MS0004O - (MO-24-0020) - Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

February 28, 2025

Todd Richardson
Director
MO HealthNet Division
615 Howerton Court
Jefferson City, MO 65109

Re: Approval of State Plan Amendment MO-24-0020

Dear Todd Richardson,

On December 02, 2024, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-24-0020 where Missouri is electing the option to accept Medicaid eligibility decisions made by the Exchange or other agencies administering insurance affordability programs and to furnish Medicaid in to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for Medicaid. This will help Missouri reduce administrative burden and resources, minimize the state's eligibility and enrollment workload, and help meet the requirement for timely processing of MAGI applications.

We approve Missouri State Plan Amendment (SPA) MO-24-0020 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact rhonda gray at rhonda.gray@cms.hhs.gov

Sincerely,
Nicole McKnight
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

MO - Submission Package - MO2024MS0004O - (MO-24-0020) - Administration

- Summary
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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS0004O	SPA ID	MO-24-0020
Submission Type	Official	Initial Submission Date	12/2/2024
Approval Date	02/28/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Missouri	Medicaid Agency Name:	Department of Social Services
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MO-24-0020

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	10/1/2024	MO-14-0015
Eligibility Determinations and Fair Hearings	10/1/2024	MO-14-0015
Organization and Administration	10/1/2024	MO-14-0015
Single State Agency Assurances	10/1/2024	MO-14-0015

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

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Executive Summary

Summary Description Including Goals and Objectives Missouri is electing the option to accept Medicaid eligibility decisions made by the Exchange or other agencies administering insurance affordability programs and to furnish Medicaid in to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for Medicaid. This will help Missouri reduce administrative burden and resources, minimize the state's eligibility and enrollment workload, and help meet the requirement for timely processing of MAGI applications.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$917472

Federal Statute / Regulation Citation

42 CFR 431.10 and 42 CFR 431.11

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MO2024MS00040 | MO-24-0020

Package Header

Package ID	MO2024MS00040	SPA ID	MO-24-0020
Submission Type	Official	Initial Submission Date	12/2/2024
Approval Date	02/28/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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MO - Submission Package - MO2024MS0004O - (MO-24-0020) - Administration

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

CMS-10434 OMB 0938-1188

Package Header


Package ID	MO2024MS0004O	SPA ID	MO-24-0020
Submission Type	Official	Initial Submission Date	12/2/2024
Approval Date	02/28/2025	Effective Date	10/1/2024
Superseded SPA ID	MO-14-0015		
	User-Entered		

A. Single State Agency

1. State Name: Missouri
- ☒ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).
3. Name of single state agency:
Missouri Department of Social Services
4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

- ☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Attorney General Certification	5/24/2024 2:21 PM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- ☒ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- ☐ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

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D. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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MO - Submission Package - MO2024MS00040 - (MO-24-0020) - Administration

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | MO2024MS00040 | MO-24-0020

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS00040	SPA ID	MO-24-0020
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Superseded SPA ID	MO-14-0015		
User-Entered			

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- ☒ a. The Medicaid agency
- ☒ b. Delegated governmental agency

☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☒ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☐ iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- ☒ a. The Medicaid agency
- ☐ b. Delegated governmental agency

3. Assurances:

☒ a. The Medicaid agency is responsible for all Medicaid eligibility determinations.

☒ b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

☒ c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.

☒ d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

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User-Entered			

B. Fair Hearings (including any delegations)

- ☒ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- ☒ The Medicaid agency is responsible for all Medicaid fair hearings.
1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

☒ a. Medicaid agency

☒ d. Delegated governmental agency

☐ i. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☒ ii. An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

(1) Name of entity:

Exchange

(2) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.

☒ Yes

☐ No

☒ (3) The Medicaid agency only reviews appeals decisions with respect to the proper application of federal and state law, regulations and policies and that the review process is conducted by an impartial official not involved in the initial determination.

2. The state must assure the following with respect to delegations of authority to conduct fair hearings regarding eligibility based on applicable modified adjusted gross income (MAGI):

☒ a. There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).

☒ b. When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

☒ c. The Medicaid agency does not delegate authority to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

☒ d. The delegated entity is capable of performing the delegated functions.

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

☒ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- ☐ Yes
- ☒ No

D. Additional information (optional)

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MO - Submission Package - MO2024MS0004O - (MO-24-0020) - Administration

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- ☐ a. A stand-alone agency, separate from every other state agency
- ☒ b. Also the Title IV-A (TANF) agency
- ☐ c. Also the state health department
- ☐ d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Eligibility determinations based on income and resources are completed by Department of Social Services, Family Support Division (FSD). Children's Division (CD) and Division of Youth Services (DYS) determine eligibility for children in their care.

The Family Support Division conducts all Medicaid eligibility determinations, MAGI and non-MAGI, except for individuals who are determined eligible by the Federally Facilitated Marketplace (FFM) and Title IV-E Medicaid eligibility for children as specified below. In addition, FSD determines eligibility for Former Foster Care Youth who aged out of Foster Care in a state other than Missouri.

The Missouri Department of Social Services has delegated authority to the FFM to conduct MAGI-based Medicaid eligibility determinations on behalf of the state Medicaid agency for individuals who have submitted an application to the FFM.

The Children's Division determines Title-IV-E Medicaid eligibility for all children in the care and custody of the Children's Division. Division of Finance and Administrative facilitates the determinations by ensuring the proper funding code and type of assistance are imparted to MO HealthNet Division for delivery of services.

Children's Division determines eligibility for Former Foster Care Youth who age out of Foster Care in Missouri.

The Division of Youth Services determines Title IV-E Medicaid eligibility for children in the care and custody of the Division of Youth Services.

b. Fair Hearings (including expedited fair hearings)

DSS has delegated authority to the Department of Health and Human Services (HHS) Appeals Entity to conduct fair hearings regarding MAGI-based Medicaid eligibility determinations made by the FFM, unless the individual requests their fair hearing be conducted by the Medicaid agency. In which case the hearing is conducted by the Division of Legal Services.

The Division of Legal Services conducts all fair hearings under 42 CFR part 431 subpart E except those MAGI fair hearings conducted by the HHS Appeals Entity.

The Division of Legal Services also conducts fair hearings for IV-E cases. In addition to conducting fair hearings, the Division of Legal Services schedules hearings and sends notification to requesting participants, collects and considers additional information provided by participants, sends notifications of hearing decisions, maintains ongoing records, and conducts a secondary review process of hearing decisions on hearings conducted by Division of Legal Services.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Department of Social Services, MO HealthNet Division (MHD) manages health care delivery, including benefits and services, and managed care.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Financial eligibility policy is developed and administered by FSD. Other policies, such as those impacting children in care and custody of CD or DYS are developed and implemented by the relevant division.

e. Administration, including budget, legal counsel

FSD, MHD, CD, and DYS are supported by DLS and Division of Finance and Administrative Services (DFAS). DLS conducts fair hearings in addition to providing department-wide support services including litigation, legal research, document management and investigations.

f. Financial management, including processing of provider claims and other health care financing

DFAS provides support services including operations, financial management, federal reporting and grants management including Medicaid (XIX), CHIP (XXI) and other federal programs. MHD purchases and monitors health care services for the eligible citizens of Missouri.

g. Systems administration, including MMIS, eligibility systems

Eligibility systems are administered by each relevant division for the applicable population. MHD administers MMIS.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
DSS Org chart for CMS MO-24-0020	2/24/2025 2:19 PM EST	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | MO2024MS0004O | MO-24-0020

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
An Exchange that is a government agency	The Federally Facilitated Marketplace determines Medicaid and CHIP eligibility for participants who have applied at the marketplace and sends the determination to Missouri.
An Exchange appeals entity	DSS has delegated authority to the Department of Health and Human Services (HHS) Appeals Entity to conduct fair hearings regarding MAGI-based Medicaid eligibility determinations made by the FFM, unless the individual requests their fair hearing be conducted by the Medicaid agency.

Organization and Administration

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- ☒ Yes
- ☐ No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Mental Health (DMH)	The Department of Mental health coordinates with DSS to administer coverages for participants who qualify for the state's four developmental disabilities (DD) waivers (Comprehensive, Community Support, Missouri Children with Developmental Disabilities, and Partnership for Hope Waivers), state plan services (including DD Targeted Case Management, Behavioral Health Targeted Case Management, Comprehensive Substance and Rehabilitative Services, Community Psychiatric Rehabilitation, Intermediate Care Facilities for Individuals with Developmental and Intellectual Disabilities), a demonstration grant (Certified Community Behavioral Health Clinics), and 1115 Waiver (Substance Use and Institution for Mental Diseases).
Department of Health and Senior Services (DHSS)	The Department of Health and Senior services coordinates with DSS to administer seven 1915(c) Home and Community-Based Waivers (AIDS, Brain Injury, Aged and Disabled, Adult Day Care, Medically Fragile Adult, Structured Family Caregiving, and Independent Living Waivers) and state plan services (including state plan personal care and private duty nursing).

Organization and Administration

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F. Additional information (optional)

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Medicaid State Plan Administration Organization

Single State Agency Assurances

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A. Assurances

- ☒ 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☒ 2. All requirements of 42 CFR 431.10 are met.
- ☒ 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- ☒ 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- ☒ 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- ☒ 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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